

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE
WORKERS' COMPENSATION SELF-INSURED GROUP
CALCULATION OF LOSS COST MULTIPLIER

WC SIG NAME _____ KOI# _____ DATE _____

1. CLASSES TO WHICH THIS LOSS COST MULTIPLIER APPLIES: _____

2. LOSS COST MODIFICATION:

a. THE WC SIG HEREBY FILES TO ADOPT THE PROSPECTIVE LOSS COSTS OF
(organization) _____ REFERENCE FILING # _____
(check one)

() WITHOUT MODIFICATION [2.b. = 1.000]

() WITH THE FOLLOWING MODIFICATION(S) (Cite the nature and percentage
modification including the underlying rationale for modification.)

b. LOSS COST MODIFICATION EXPRESSED AS A FACTOR: _____

3. LOSS ADJUSTMENT EXPENSE EXPRESSED AS A FACTOR OF LOSSES _____
(Please refer to the explanatory LC Notes to determine the appropriate factor.)

**NOTE: IF EXPENSE CONSTANTS ARE USED, COMPLETE & ATTACH "EXPENSE CONSTANT
SUPPLEMENT" (FORM WC SIG: LC-2). DO NOT COMPLETE ITEMS 4-7 BELOW.**

4. DEVELOPMENT OF EXPECTED LOSS RATIO (ELR)

a. TOTAL PRODUCTION EXPENSE _____%

b. GENERAL EXPENSE _____%

c. TAXES, LICENSES & FEES _____%

(Note: Do not include any pass through assessments collected that are not your actual expense.
The WC Special Fund Assessment is excluded from this line.)

d. UNDERWRITING PROFIT & CONTINGENCIES _____%

e. TOTAL _____%

5. a. EXPECTED LOSS RATIO: ELR [100% - 4.e.] _____%

b. EXPECTED LOSS RATIO EXPRESSED AS A FACTOR: _____

6. INDICATED LOSS COST MULTIPLIER: [2.b. X 3. / 5.b.] _____

7. SELECTED LOSS COST MULTIPLIER: _____